

Standards Committee Implementation Workgroup

Draft Transcript

May 9, 2011

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Thank you very much. Good afternoon, everybody and welcome to the Standards Committee's Implementation Workgroup. It's a Federal Advisory call, so there will be opportunity at the end of the call for the public to make comments. And just a reminder, Workgroup members, to please identify yourselves when speaking. I'll do a quick roll call. Liz Johnson.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Judy Murphy.

Judy Murphy – Aurora Health Care – Vice President of Applications

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Kevin Brady.

Kevin Brady – NIST – Principal Investigator, IIEDM

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Anne Castro.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Diamond. John Derr.

John Derr – Golden Living LLC – Chief Technology Strategic Officer

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Linda Fischetti. Tim Gutshall. Nancy Orvis. Wes Rishel. I think Wes is on vacation. Joe Heyman. Cris Ross. John Travis.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Simon Cohn. Ken Tarkoff; I think he was only going to be able to join for part of the meeting. Tim Morris. Rob Anthony.

Robert Anthony – CMS – Health Insurance Specialist

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

Carol Bean.

Carol Bean – ONC – Director, Certification and Testing

Here.

Judy Sparrow – Office of the National Coordinator – Executive Director

And did I leave anyone off?

Carol Bean – ONC – Director, Certification and Testing

I have Asara with me, Asara Johnson.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, thank you. And I'll turn it over to Liz and Judy.

Lisa Carnahan – National Institute of Standards Technology – Chair

Judy Sparrow? Lisa Carnahan from NIST is here as well with Kevin.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great, thanks, Lisa.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, so let's go ahead and kick this off. That was the official call to order. I hope everybody's got the agenda in front of them. We're at the point of review the agenda. We have really two main items for today. One is to look at the survey that was drafted and sent out. I did get a lot of comments back from Ken Tarkoff, which I believe since he's not on the call I will be able to represent that during the call and I'll just specify his comments as we go through.

Hopefully, other folks have gotten a chance to look at it and to get a feel for the types of questions that we're looking to ask. The intent is that by the end of the call that we actually do get the survey finalized. Now, I'm calling it a survey because it's got survey questions, but the methodology that we're going to use to post it and to request comments is actually through the FACA blog.

I'm going to pause there. Judy, do you want to talk briefly about the FACA blog and how this will happen?

Judy Sparrow – Office of the National Coordinator – Executive Director

Well, basically since it's a Federal Advisory Committee we don't have to go through any kind of federal clearance, so that's the good news. So, once we get the language final, I will just turn it over to the Web people here and I think it will take 24 hours or less and it will be up shortly after you give it to me. And I think we've got a closing date of June 17th and it's public so you can go in and check on it any time you wish and what I'll do is once we've posted it, I will send everybody the URL so it will be easy for you to find it.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, that was one question I did have, Judy, is how do we go about advertising that we're soliciting specific comments?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, and the other thing I will do is we have a very large e-mail list, a LISTSERV basically. I will send out something to that LISTSERV. And I also believe they send out tweets occasionally, so I'll make sure both of those methods of advertising will be used.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Judy, this is Liz – Sparrow – would that include the associations? You know, last time we had a really good discussion about some of the associations and that they might want to add, or at least their memberships might want to add comments. Does that include them?

Judy Sparrow – Office of the National Coordinator – Executive Director

Unless they're signed up on the LISTSERV it would not, but if you want to send me any kind of a list, I could make sure that's sent out.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, just to cover our stakeholder groups; that probably does make sense. My sense, Judy, is that we could also possibly send out the document right in your e-mail with the idea that then they could get a sense of what we're looking for without even clicking the link and going.

But I also believe that you were going to allow people to e-mail comments back to you or post them on the blog.

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, and I don't recall off the top of my head now if it says anything; yeah, it does. It gives my e-mail address. We can add language to that effect, that's not a problem.

Judy Murphy – Aurora Health Care – Vice President of Applications

I think that makes sense because there are some comments I can imagine potentially people wanting to make more private, if you will, as compared to posting it on the blog.

Judy Sparrow – Office of the National Coordinator – Executive Director

Sure, that's fine.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, that's a good point.

Lisa Carnahan – National Institute of Standards Technology – Chair

This is Lisa. Are all comments made public, though?

Judy Murphy – Aurora Health Care – Vice President of Applications

Eventually, yes. In summarized form at least.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Lisa, people need to understand that if they send something to Judy Sparrow privately, it will become public.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, that was my question.

Judy Murphy – Aurora Health Care – Vice President of Applications

I think the difference is it may not become public other than in an aggregate form. So, like if you post it, everybody knows who said it and exactly what they said as compared to I don't know that we're talking about taking all of these ones if they're sent directly to Judy Sparrow that we would be re-posting those on the blog, for example?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

How does that work, Judy? Do the comments become part of a report that's all inclusive?

Judy Sparrow – Office of the National Coordinator – Executive Director

I mean, I don't have a copy of them in the e-mail. We can certainly make that a document.

Lisa Carnahan – National Institute of Standards Technology – Chair

There's a note in the list of questions about including things that you don't want to share with the general public. I realize it's more about protected information.

Judy Sparrow – Office of the National Coordinator – Executive Director

That's right. It's just a reminder for them not to do that.

Judy Murphy – Aurora Health Care – Vice President of Applications

Right, like social security numbers.

Lisa Carnahan – National Institute of Standards Technology – Chair

But I didn't know if that was expanded. I generally thought if someone sends comments in response to this to Judy those would be made public.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Judy Sparrow, are we getting a definitive answer? We understand that you would have it, that we would aggregate it, but would that become public data? If they sent you an e-mail would it eventually in totality become part of this public domain?

Judy Sparrow – Office of the National Coordinator – Executive Director

Well, I can merge them all into one document somehow and make that available somewhere, I guess on the Implementation Workgroup page on our website.

Carol Bean – ONC – Director, Certification and Testing

This is Carol Bean. I have some additional questions for clarification, but I think that's an important factor before we finalize exactly what the survey is and the information. Because if it's a request for public comment and I think to Lisa's point and to somebody else's, I'm sorry I missed who it was, but are people going to be able to make comments they don't want necessarily in the public domain? Are things..., etc., and I think it may be the case that if these are public comments they eventually, they may only be made publicly available in a summary form, but someone would conceivably have access to the public information if they are public comments.

So, I think we need clarity on that before we actually post it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Is there any precedent here, for example, the Meaningful Use comment, I believe that Josh got 487 of them or something like that. Those were not posted and only the summary was posted.

Carol Bean – ONC – Director, Certification and Testing

But the question is whether it is publicly available. What we choose to post is one thing, but what someone can get access to may be an entirely different issue and I just think that we need to be sure that we understand which we're working with. That's all.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Sure, that makes sense, Carol.

Judy Sparrow – Office of the National Coordinator – Executive Director

Well, these comments are coming into a federal advisory committee, which by definition is open, so I will keep all of the comments in a separate folder and if anybody wishes to see them they can just e-mail me. I'll be glad to share them.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Oh, I see. So, that would be under Freedom of Information Act.

Judy Sparrow – Office of the National Coordinator – Executive Director

Not even that; they can just ask.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, that makes sense to me. I'm not imagining that anything is going to be so private; to me, it's going to be a matter of convenience. It will be just as easy for them to e-mail you back as to go find the FACA blog. That's where my head was at.

So, you're saying basically the rules would be the same as we've exercised over the years?

Judy Sparrow – Office of the National Coordinator – Executive Director

Right.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay. So, the only change then to the front matter of the survey before we get into the actual questions is probably this issue of making sure it's clear that they can e-mail it.

Let me finish running through the agenda, which is where I started and got digging in on the detail. The second issue is to really review the timeline and to make sure that we all think that this timeline makes sense and it's meeting any of the other kinds of deadlines that we might want to be aware of and feed into.

And then, briefly, our last agenda item, of course, is to look at any next steps and when our next meetings are.

So, with that, why don't I formally open discussion on the survey itself? And let's talk about the front part first, before we get into the questions. Is there anything other than adding the information related to the fact that you can e-mail it to Judy?

Lisa Carnahan – National Institute of Standards Technology – Chair

This is Lisa. Yes, we have, NIST has some comments on the background.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, good.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, what I think and you'll hear this flavor going out through the questions and I will defer to Carol, in fact, as the owner, scheme owner of the certification program that this is appropriate, but NIST would like to see language in there in the last paragraph, where "in collaboration with ONC, NIST as a test method," blah, blah, blah, a sentence following that saying something like, "The test method was approved for use in the certification program by the national coordinator on August 2, 2010 and announced (audio drops) on August 9, 2010.

Because that goes to the heart of in the rule the test method itself has to be approved by the national coordinator.

Judy Murphy – Aurora Health Care – Vice President of Applications

Oh, that's fine. Can you send me that language? Because then I'll just put it in exactly how you want it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I was going to say or send it to Judy Sparrow, Liz and Judy Murphy and that way we all have it and we can make sure at the end of the day it all matches.

Lisa Carnahan – National Institute of Standards Technology – Chair

Okay. And then the other request and, Carol, I'll defer to Carol on what the real phrase should be, but in the questions when it says, "NIST test scripts" I think it should actually be something like approved test method to reinforce that notion that this actually has gone through a formal process as described in the rule.

Carol, I don't know if approved test method is okay?

Carol Bean – ONC – Director, Certification and Testing

That was one of the comments I had, too, Lisa. I think we're singing the same song here. I do have some I think fairly editorially minor, but in terms of semantically significant and that would be what I would call that. It would be the ONC approved test method anywhere you say the NIST test scripts because that is what the rule requires and that is what it is and so there is that.

I have a couple of other questions in the front matter, though, about feedback on the process of establishing the ATCBs – I'm talking about the bolded language in section two, for communicating the testing and certification criteria and for testing and certifying EHR technology. We're mixing two different sort of rules here.

The certification program has actually, it's been in place almost a year, but we've only been certifying technology since October, so I think if we're going to specify times we probably need to be precise about it. And the rule itself, the program rule, the temporary certification program rule did, in fact, talk about the process for establishing ATCBs and I'm not sure that that is really addressed in the survey itself.

In addition, communicating the testing and certification criteria really is a matter of the standards and certification criteria rules, which is a different rule and the federal register notice that Lisa referred to that basically announced the ONC approved test methods. The testing and certifying, I'm not sure exactly what we're trying to get with that, so that said, I think we can maybe clarify and be a little more specific, I'm hopeful in terms of exactly what we're trying to get feedback on, like the issue of establishing the ATCBs.

The other thing I would have a very general, we can talk about the specifics, but in addition to the, I'm not sure about the scope matching the purpose, the scope of the questions matching the purpose. It generally seems quite negative. It seems like we're asking for very negative reactions and I think there are ways that we can hopefully reword this to where we get some constructive criticism as well as confusing, difficulty, misunderstood and maybe I'm being overly sensitive to that, but I think there are some things we may have gotten right and it would be helpful to know what are the things that we need to continue as well.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Carol, to comment on that; Judy and Steve and I all talked about that very thing and that part of this meeting would be to ask some questions that were looking for the things that worked very well so that we would reinforce those processes, so your point is well taken on the fact that we can look for, add some questions to the survey that would look for that kind of information.

Carol Bean – ONC – Director, Certification and Testing

Okay, great. Thank you.

Judy Murphy – Aurora Health Care – Vice President of Applications

In its longest form, we could take every one of these questions and write it both ways; you know, what were the three most positive, what were the three most negative and I think in trying to cut to the chase, that's how it started.

But I know that, Liz, you already threw out some language, I think, for a question. I can't seem to find it in my e-mail, but I believe you threw out a question already, did you not?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Well, it was pretty simple. We just had put a single question, which may or may not need to talk to us about to identify the processes that were the most effective in the current certification process. I think as I listen to Carol and Lisa talk I think we need to be careful with semantics so that we get the question that we're looking to have answered answered.

And I think it goes back to, I'd use the certification process, the quandary becomes when we use test scripts you guys are reminding us that the more appropriate language would be testing methods, the ONC approved test methods. I think we were concerned about how persons would react to that, if they understood the definition, and maybe that's what we need, of what an ONC test method was because some of the concerns we've heard expressed around the certification process were the accuracy of the test scripts and the certification process itself and how you move through it. So, there's a quick comment to the group, just sort of in terms of our thinking.

But we had identified that we should be asking what about the certification process has worked very effectively for you. And, like Judy said, we could do the same thing we did before and ask for the three best processes that are in place. It just seemed on that particular question that trying to get to three, it was more of a general question, what is working well.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, let's break those down. So, in the background, the third paragraph if you could get me, between probably the two of you, you're probably going to want to iterate this a little bit, Carol and Lisa, how you would want that paragraph to read.

Because I copied this directly off of the website in different places. Those three paragraphs I did not create. Those were from the website. Because I was afraid I was going to get the language wrong. So, I'm all over let's just make the language right and you suggested putting a date in, for example, and I like that. So, if you can just re-write that third paragraph, I think that's perfect.

Now, for the first paragraph under request for comments, I think the question on the table is to edit down that second bolded sentence to more accurately reflect what the questions are really after. And I would agree with you, there is no question that's talking about the process for establishing the ATCBs, so that should just get cut right out as far as I'm concerned. Does anybody disagree with that?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

No, I think that's the right approach.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay. So, then potentially it could read, but I think you still might have an issue with some of the other words, but it could read, "The intent is to get feedback on the process for communicating the testing and certification criteria and for the testing process I guess it would have to say.

Do you have suggested changes for that?

Lisa Carnahan – National Institute of Standards Technology – Chair

This is Lisa. I'm not good at wordsmithing, off the top of my head, but I think the notion that shows up in the very last statement that the whole goal here is really to make recommendations from experiences and lessons learned in the feeding it into Stage 2, right. This isn't necessarily to, maybe I'm wrong. I'm thinking the goal here isn't necessarily to tweak the Stage 1 stuff, because given the timeline you're looking at August.

We're all willing to tweak Stage 1 at least on the testing side where we have to, but we're not looking to make wholesale changes. I'm reading this that the real goal here is to collect good information to get Stage 2 to where we want it to be in terms of the program.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, so maybe you're saying we could condense this paragraph down to saying something like we're collecting feedback, the first sentence under that Roman numeral two, cut out the second sentence completely and then just say, "Following analysis of the comments we receive we intend to make recommendations about Stage 2."

Carol Bean – ONC – Director, Certification and Testing

Actually, I would just flip flop the sentence; a friendly amendment, sentence one, two and three the way it is now, is have sentence one, rework sentence three, but so that it then says, "Workgroup wants to make recommendations so that basically says, here's why we're doing the feedback and then say the intent is to get feedback on these two topics and that essentially scopes it; the two topics that you said, so you lose establishing the ATCBs, but the process of communicating the testing certification criteria and the process for testing and certifying and however you had said it before sounded pretty good to me, so it would basically be sentence one, amended sentence three and then amended sentence two and so that says here's the purpose, here's the scope.

Judy Murphy – Aurora Health Care – Vice President of Applications

Got it, yes. Now, I did jot notes so I have the amended sentence two. How did we want to amend sentence three?

Carol Bean – ONC – Director, Certification and Testing

Old sentence three, new sentence two?

Judy Murphy – Aurora Health Care – Vice President of Applications

Because I didn't hear any comments about that one. I thought that one was pretty okay.

Lisa Carnahan – National Institute of Standards Technology – Chair

I would agree with Carol.

Judy Murphy – Aurora Health Care – Vice President of Applications

Agree that we don't have to edit it?

Lisa Carnahan – National Institute of Standards Technology – Chair

Correct.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, so here's what we're going to do. We're going to take existing sentences one, two and three and re-order them into one, three, two and then we will edit sentence two, now three to eliminate the section on the process for establishing the ONC ATCBs.

So, it will read, "The intent is to get feedback on the process for communicating the testing and certification criteria and the process for testing and certifying EHR technology."

Carol Bean – ONC – Director, Certification and Testing

Seems reasonable to me.

Judy Murphy – Aurora Health Care – Vice President of Applications

Good. Okay. Anything else on the front matter? You guys, can you get me that edited paragraph three by the end of the day-ish?

Carol Bean – ONC – Director, Certification and Testing

Sure.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, perfect. Just because we want to get this in motion.

Lisa Carnahan – National Institute of Standards Technology – Chair

I'm going to push what I had to Carol because, Carol, you'd have the final word on the nomenclature.

Carol Bean – ONC – Director, Certification and Testing

Do you mean for the last sentence and one?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, the last sentence in paragraph three, section one.

Carol Bean – ONC – Director, Certification and Testing

Yes, what you set down is good, but I'd be happy to.

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, then you were adding a sentence, too; so, take the paragraph as a whole I think. Make sense?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, I'm adding a sentence at the end. So, I'm going to push that to Carol and then Carol can be the final push to you of the nomenclature being correct or not.

Judy Murphy – Aurora Health Care – Vice President of Applications

Good, thank you. All right. I'm assuming no one has any issues about the instructions other than we have to fix it because we have a Roman numeral three and we have an A without a B. And so, we'll just call it solicitation of comments instructions and then just have the instructions listed there. And we're going to add the ability to email to Judy Sparrow. So, I think that's pretty straightforward.

All right, let's get into the questions. Ken Tarkoff had some suggestions on the groups, that if we are going to try to understand where these comments are coming from, which I think is extremely helpful for us, that we separate out the EHR product supplier vendor into two categories, the first being a complete EHR product supplier vendor and the second one being a modular EHR product supplier vendor.

Carol Bean – ONC – Director, Certification and Testing

Question, is somebody going to be able to check more than one box?

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, as soon as he did that I thought the exact same thing. I have no issue with that myself. It's going to cause an issue because we were hoping we could summarize the comments by stakeholder group first and then summarize them as a whole. When you start allowing the mix-matching, of course, you don't know where to count them.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

You'll have the same problem in self-certified because you could be a provider who is using a certified product, but is also self-certifying some product to go with it.

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I wonder if you could say; I mean, either we just have to deal with that and deal with it, or we could ask them where do you see yourself predominantly?

Carol Bean – ONC – Director, Certification and Testing

Primary, yes. Because you have the word best. I would agree. I don't think your data would be skewed too much if you forced them to pick one.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, I'll add the word one; like something like, "Please indicate what one group best describes you?" Because breaking that out, I thought that made sense.

Carol Bean – ONC – Director, Certification and Testing

Yes, I would agree. And it occurs to me another suggestion, and maybe you're not ready for this, I'm jumping into this, which means that I think this is really exciting to get this information. Where would somebody who is not a vendor, but who is a developer; I mean, is that what you mean by supplier?

Judy Murphy – Aurora Health Care – Vice President of Applications

It's sort of not the self-certification; somebody who kind of is a self-certifier, but somebody; we think of self-certification as something a little bit different, but if somebody is a developer who is answering this thing, but not necessarily a vendor.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, you're talking about some of this developed, proprietary software that they're using, is that right?

Judy Murphy – Aurora Health Care – Vice President of Applications

Or, maybe Open Source.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Okay.

Lisa Carnahan – National Institute of Standards Technology – Chair

Can we add a parenthetical who would be seeking certification? Is that what you're getting at, Carol, that there are still people who are seeking to have their thing certified?

Carol Bean – ONC – Director, Certification and Testing

Right, but they may not be selling it. And those folks are a special group. I've been actually surprised at how much of that we've seen.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, you could add slash developer and then a parenthetical, "Seeking certification." Something like that.

Judy Murphy – Aurora Health Care – Vice President of Applications

Are you suggesting adding that to the complete EHR product supplier vendor developer, modular EHR product supplier vendor? I said it in a different order, but you got the gist. Just adding that word developer? I'm fine with that.

Carol Bean – ONC – Director, Certification and Testing

I wouldn't want somebody to say I don't see myself here.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, that's fine. Yeah, we'll do that. Okay, I'm adding it. The other thing that Ken had added was, "Organization represent healthcare Health IT," that wasn't him; no, that must have been his then.

Lisa Carnahan – National Institute of Standards Technology – Chair

I had a question on the two eligibles. Is the one that's self-certifying, aren't they also planning to attest?

Judy Murphy – Aurora Health Care – Vice President of Applications

Oh, yeah; so we should say, "Self-certified EHR technology in order to attest for Stage 1 Meaningful Use."

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, the second eligible has the attest business going on. I didn't know if the first eligible needed to have an attest business going on.

Carol Bean – ONC – Director, Certification and Testing

Yes, it should, yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It should, you're right.

Judy Murphy – Aurora Health Care – Vice President of Applications

That makes sense. Anything else on question one?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, Carol or Lisa or anyone else on the call, is there any other group that we missed?

John Derr – Golden Living LLC – Chief Technology Strategic Officer

Sometimes just putting other there might catch something.

Judy Murphy – Aurora Health Care – Vice President of Applications

Oh, that's what Ken suggested, putting in another parenthesis, specified with a line.

Lisa Carnahan – National Institute of Standards Technology – Chair

Carol, I'm going to defer completely to you on this, but maybe they can be the other potentially permanent program testing organization.

Carol Bean – ONC – Director, Certification and Testing

Would we want to sort of make that, clump that in with ATCB up top? So that could be, "Current ATCB potential ATLA?"

Lisa Carnahan – National Institute of Standards Technology – Chair

Because I think it would be interesting to see the set of comments you get from the people; there are only so many people who can check that first box.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay. I think it might be helpful to separate them out.

Lisa Carnahan – National Institute of Standards Technology – Chair

I'm going to withdraw my; they can be other.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, because there are not that many of them.

Carol Bean – ONC – Director, Certification and Testing

But then is it useful to have it here?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, are you guys saying there are six certifying bodies and there might be others that are considering it?

Carol Bean – ONC – Director, Certification and Testing

Yes, it's wide open for anybody who wants to come in as either attesting lab or a certifying body or both.

Lisa Carnahan – National Institute of Standards Technology – Chair

I don't know; because we're adding another line, right? So, two, four, six, we have seven.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

A couple of structured others that you might want to consider that are more third parties to the question might be associations, because I think of like EHRA on behalf of the vendors and it seems like third party consultants, they could fall in that last category, but I know there are a lot of them that have a pretty significant interest in providing comment, distinct from vendors.

Lisa Carnahan – National Institute of Standards Technology – Chair

Is that what is meant by organization?

Carol Bean – ONC – Director, Certification and Testing

Yes, is association a better word?

John Derr – Golden Living LLC – Chief Technology Strategic Officer

A better word is association. That's what I thought, too.

Judy Murphy – Aurora Health Care – Vice President of Applications

Let's change that, okay. Everybody agrees, right?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yes, I think that will capture a nice catchment for that kind of thing. I don't know if you're going to have a lot of third party consultants providing feedback, you know, like Accentures or KPMGs or people like that, but they might have an interest in responding.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, are you suggesting that there's another category that they can come in under other and specify?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, I think other and specify would probably be fine.

Carol Bean – ONC – Director, Certification and Testing

Or, there may be some who have chosen who don't intend to be, yeah, the consulting thing. I would agree, who want to provide consulting services for people who are trying to get certified or attested.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay. So, I think we agreed we're not adding consultants, right? We're going to let them specify other. Okay. Anything on number two? Oh, or is this where we should add the what went well part?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's what I was wondering. We might want to start off with the what went well and then add what could we do better.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Can I offer a clarification, or maybe these are two different questions, maybe it's the same one. It seems to me there's a question to ask from our own experience going through certification, what was of most value? And let me just give you a brief context. I'm of the opinion that modular certification should be the most valuable part of the whole deal. I'm just wondering if there is an ability or way we can collect the feedback before you get to what went well, which kind of asks more in the process of things, what criteria were really accurate or what things really flowed smoothly for you, but what was the most valuable part of it?

I don't quite how to ask that, but it's getting at that, you know, six months ago I would have thought complete EHR certification be the most valuable thing we could have done. I'm now pretty convinced modular certification is the most valuable thing that we have done.

Lisa Carnahan – National Institute of Standards Technology – Chair

Wherever you're going with this, I like it.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, because to me it's the most under promoted thing going in. That opinion has entirely changed, at least in our view and I'm sure in the view of other vendors that modular certification has really be very helpful and very liberating in a lot of ways because it recognizes the reality of how people buy product in the market; very few buy full catalog buys from one vendor.

Lisa Carnahan – National Institute of Standards Technology – Chair

I wonder if this would be a feature of the program because some people have said modularity; it's innovation. You know, what are those aspects? But I'm not sure how best to characterize that.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yes, I'm having a hard time wording it, too. I think there's a question that gets at what really worked well about the process, but then there's a question about what proved to be the most valuable feature or aspect of the program. You know, something that pulls it up a level, that you're not asking about the process so much.

Lisa Carnahan – National Institute of Standards Technology – Chair

To make it one more layer of abstraction. I think you're absolutely, right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, John, I think that's you, right, John Travis?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, I understand what you're saying and the confirmation from others, but do you think that the general person filling that out, do you think they can get there? We've got to ask it in such a way that they understand what the question is asking.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

That's fair. This is a question that maybe only vendors and some of the more, the larger health systems or motivated provider community might answer.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right. I mean it's really good information and I think it would be very helpful in terms of how we go forward, but I'm trying to figure out how do you ask it? And maybe you don't get back a process answer.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah.

Lisa Carnahan – National Institute of Standards Technology – Chair

Instead of saying what part was valuable, can you make – I don't want to make it too abstract – but use the word value somehow? But my other then comment is to write it such that people know what in the world you're asking, unless it's so open-ended that's okay. But you're going to get different answers whatever community you're from.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Absolutely.

Lisa Carnahan – National Institute of Standards Technology – Chair

You know, either vendor, so when we separate out the answers and try to kind of do some analysis; this is one where it's going to have to be split given the perspective. So, it's really what about the program added value. I'm trying to get to a place where on the implementer side, the eligible provider side, you could say that really lends itself to achieving meaningful use, but not that abstract.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair

And I don't want to say value proposition because I don't even know what that means.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's getting heavy.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Well, really it's what and, again, this probably doesn't help with the wording, but what was the most enabling – I'm struggling – part of the program. If that's the kind of thing you're after, you know, maybe everybody can find their own place in answering it and vendors and providers might pick up on you can put a for example, a model for certification.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah. Hey, Carol?

Carol Bean – ONC – Director, Certification and Testing

Yes?

Lisa Carnahan – National Institute of Standards Technology – Chair

Because I'm wondering if we just be very blunt and go to the heart of the modular aspect of the program, but the rule on the definition of a module will hold going forward in Stage 2, correct?

Carol Bean – ONC – Director, Certification and Testing

That is in the rules.

Lisa Carnahan – National Institute of Standards Technology – Chair

Right.

Carol Bean – ONC – Director, Certification and Testing

And it's actually in the criteria rule, not the program rule. So, I think the issue is more, and the modules that John was talking about, that's a surprise to him, but there may be another surprise to somebody else. I wonder if we could just be blunt. If we ask these process questions and then sort of down along in the eight other comments and suggestions maybe put one that says, okay, taking a step back and be specific and say, "Other than the process, do you have other?"

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes, that's a good idea.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, I like that because you don't want to box them in because they might have different feedback, you're right.

Lisa Carnahan – National Institute of Standards Technology – Chair

Because it's really at the heart of the program as a whole.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, maybe the question then is about what insight did you gain? Is that what we're looking for?

Lisa Carnahan – National Institute of Standards Technology – Chair

You know, we could probably characterize, not a paragraph of questions, but put that kind of thing. For example, what insights, what elements of the program did you find compelling, you know, some of those words, enabling.

Judy Murphy – Aurora Health Care – Vice President of Applications

This is a pretty sad day when this is what we find compelling and enlightening, right guys? I'm sitting here thinking this is really funny.

Lisa Carnahan – National Institute of Standards Technology – Chair

It's very sad.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And you know what? Every one of this on the phone understands it completely.

Lisa Carnahan – National Institute of Standards Technology – Chair

That's the sad thing.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, I feel one thing that I think we should ask and maybe we end up having two of these sort of open-ended, more positive kind of questions, but one of the ones I was crafting while I was listening to you guys is something around, like this, "What parts of the temporary certification program," or maybe we'd probably have to fit in there; I don't know how you fit the right words together for testing and certification, but, "What part of the testing and certification temporary program," however we say that, "would you not want to see changed and why?" Would that hit at some of the stuff?

Lisa Carnahan – National Institute of Standards Technology – Chair

Is that because you don't want to be negative?

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, this is trying to get one of our positive feedbacks, like what really worked well?

Lisa Carnahan – National Institute of Standards Technology – Chair

There was too many "nots" in there.

Judy Murphy – Aurora Health Care – Vice President of Applications

I know, I know.

Lisa Carnahan – National Institute of Standards Technology – Chair

You don't need the nots. You can cancel the nots and be positive.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

That was my original thought, actually, when I brought it up and I probably should have prefaced it, is to ask what at a programmatic level really worked well? Or were you pleasantly surprised at how well it worked, you know, something like that because, again, honestly thinking about my certification that wouldn't have been my guess in August or September last year, but it sure is how I feel about it now.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, that question is fair, what worked really well or what worked well.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, and I think just to coach them up a bit to the little more abstract, at a programmatic level, and I guess I'm meaning not testing procedure certification criteria level, but at the level of the whole program.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, how about this: "What parts of the temporary certification program worked well?" Just that question. Or, we could say, "worked well and you would not want to see changed?"

Carol Bean – ONC – Director, Certification and Testing

Well, I hate to beat that horse, but I think you're still going to get, if you're dealing with all this process stuff, which we are asking for the nitty gritty on we need to back them up and try to get at the broader scope question if that's what we are.

The temporary program, I would hate to specify too much about what part of the temporary program are you not going to want to change because we know that we're going to permanent pretty much as soon as we can.

Judy Murphy – Aurora Health Care – Vice President of Applications

But that's exactly why I'm asking the question. In other words, what parts do you want to see continue?

Carol Bean – ONC – Director, Certification and Testing

Oh, I see.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah, that is why I was asking the question. It's the only one they have experience with, so we are asking this from an implementation standpoint, like you did it, what do you think?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, but see, that's a different question than I think what John was getting to. It's a very good question of what do you want to continue, but it doesn't give you the insight question. What did you gain from this that you didn't expect?

Lisa Carnahan – National Institute of Standards Technology – Chair

Oh, I liked that you used expect.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

That was a good way to word it. I think you nailed it.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, "What did you gain from this program that you did not expect?"

Carol Bean – ONC – Director, Certification and Testing

Yes, and it's positive because it's talking about gains or it might even be a perspective.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

And equally, I hate to be the other side of this, but what did you lose that you didn't expect?

Carol Bean – ONC – Director, Certification and Testing

Okay, that's fair.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

You know, I'm going to have to cut off at three, so can I go next?

Judy Murphy – Aurora Health Care – Vice President of Applications

Sure. Can we finish this question, though, just so that I think I've got it? Are we saying we want both questions or do we only want this one that we just settled on now?

Carol Bean – ONC – Director, Certification and Testing

I'd say both.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, so I think they're going to read something like this and I don't know if we're going to have a heck of a lot of time to re-edit everybody, but, "What did you gain from the temporary certification program that you did not expect?" And then, "What did you lose?" See, that doesn't work as much for me.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

See, that goes to Halamka's issue.

Carol Bean – ONC – Director, Certification and Testing

Which is?

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

Well, if you thought you lost some issue or it was unnecessary.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Oh, I would have thought – I hear what you're saying – I would have thought we would have picked that up in testing points kind of stuff. You're saying what did you lose?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yes, because when you look at the rest of our questions we're going very deep. So, the flip of it might be what aspect of it did you find did not turn out, you know, given the experience and the contrast here's with complete EHR certification the value of it changed. I'll just put it that way, over the life of the first six, seven months of the program pretty significantly. So, that wasn't what we thought. It wasn't that it was necessarily a negative thing, but it didn't turn out to provide the value and the lift to us that we thought.

We still had to go do a lot of other things that really wound up rendering the value our clients needed, do if you had to it again; it's almost in the category of if you had to do it again would you have done it the same way? Well, I can't say absolutely, I wouldn't want to predict that, but I would give long, hard thought about at least doing the modular ones first with the vendor and then seeing where things went from the market, if anybody really derived value from the complete EHR, to be pretty blunt.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Well, yeah, I think what John was talking about was the fact that he; and so it was more process and I think we have covered in some of the other questions, food for thought. He was surprised at, for example, once he had done his inpatient applications, although he uses the same applications for outpatient he had to go through the whole process again. To me that's--

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Oh boy, you touched on something there. Yeah, having to, you know, several hard lessons learned that go in the if we had only known. And maybe that's the way to word the question, "If you had only known, what would you have done differently about that?" Now, that's very vendor-specific or very certifier-specific.

Judy Murphy – Aurora Health Care – Vice President of Applications

You'll fit that in, John, I'm confident, under one of these questions.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Oh, I'll find a way to insert it, you know I will. But maybe it's in the camp of given what you know now, what about the program would you most suggest changing? Something of that nature.

Judy Murphy – Aurora Health Care – Vice President of Applications

See, that to me is going to fit under the other at the end.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, you're probably right and I know that that will get a lot of attention, since that's your narrative feedback part.

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, then let's keep this one positive.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, I'm going to suggest we keep two questions on this. One is, "What did you gain from the temporary certification program that you did not expect," which is the one we've all agreed on. And then I still like,

“What part of the temporary certification program worked well and that you would not want to see changed?” And we lead with those two.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes.

Judy Murphy – Aurora Health Care – Vice President of Applications

Is that good?

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

Yes, can I amend number one?

Judy Murphy – Aurora Health Care – Vice President of Applications

You can.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

I would think that we would like some indication of the size of the organization.

Judy Murphy – Aurora Health Care – Vice President of Applications

You mean for eligible hospital provider?

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

Well, who is answering this? Someone who went through it that was very small. I don't know what sizes you want, but I would think that the information could vary depending on whether it was small, medium or large.

Carol Bean – ONC – Director, Certification and Testing

I think that's a good point.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes, the demographics of the organization.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

And I don't even imagine to know what the split would be. I would leave that up to you all. But I would think that would be important.

John Derr – Golden Living LLC – Chief Technology Strategic Officer

I think that is important because sometimes we get a single physician who becomes the most verbose person and has more weight to possibly add.

Carol Bean – ONC – Director, Certification and Testing

And that also is true for hospitals and also is true for the vendor/developers. You might have a one person shop versus a huge organization.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Right. So we need some kind of, the demographics of the respondents; we've got to figure that out.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, can we use, because I don't think you can just willy nilly do that. What if we use small business designation?

Judy Murphy – Aurora Health Care – Vice President of Applications

Is it based on employees or something like that?

Lisa Carnahan – National Institute of Standards Technology – Chair

I think, Carol, I don't know how you guys did it on the product, but I think you can do it on people or dollars.

Carol Bean – ONC – Director, Certification and Testing

You can do it on people or dollars and the way that we do it on the slide that we always flash around is by number of employees.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And so you already have those broken out. Can you send that slide or tell us where to find it on the Website?

Carol Bean – ONC – Director, Certification and Testing

We just have numbers. We have the vendors that have products listed on the Chapel, but this may not be, and this is just vendors. And I think it's 50 or fewer and then 200 or more and then the middle one, and that's the small and the large, and the middle is, obviously, 51 to 199.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, we probably should put that as a question, too, then. "Please indicate what one group best describes you and what is the size of your organization?"

Carol Bean – ONC – Director, Certification and Testing

Yes, either in people or dollars. I guess they could self, right, because I don't know, for some of these I don't know what it means, the size means for a regional extension center versus a vendor versus an association versus; articulate it however they want.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

How about small, medium and large and have it be self.

Carol Bean – ONC – Director, Certification and Testing

Self declared, yes.

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

Self declared; I mean it's meaningful.

Carol Bean – ONC – Director, Certification and Testing

Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair

It's got to be in context, so yes. For their organization type, do they consider themselves small, medium or large?

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

Unless you come up with something better.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

But no pressure, right?

Judy Murphy – Aurora Health Care – Vice President of Applications

Should we just do small, medium, large?

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

I'd go with that. But I've got to sign off right now, thanks.

Judy Murphy – Aurora Health Care – Vice President of Applications

All right. Was that it? Did we get to all your stuff, though, Anne?

Anne Castro – Blue Cross Blue Shield South Carolina – Chief Design Architect

We did, thanks. All right, bye.

Judy Murphy – Aurora Health Care – Vice President of Applications

Bye. We are up to a rip roaring number two. “What three temporary certification program testing and certification process points were the most confusing/most misunderstood? For these points what could be improved and why?”

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Do we want to say why or how? Will you get to it either way?

Carol Bean – ONC – Director, Certification and Testing

When you improve, improved how?

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah, you probably want the how.

Lisa Carnahan – National Institute of Standards Technology – Chair

I know what you all are getting to in saying the most, but if you just say what are three temporary certification process points that were confusing and misunderstood, and you know what, if they have six and they don't give us their top three then we can't help that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's a good point.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, Lisa, I don't think you wanted it change at all, or you did want it changed?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

They want to take out the word “most.”

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, we don't need most.

Judy Murphy – Aurora Health Care – Vice President of Applications

Oh, I see. Okay.

Lisa Carnahan – National Institute of Standards Technology – Chair

They're going to give us their most.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I'm sure you're right.

Judy Murphy – Aurora Health Care – Vice President of Applications

You're right and that actually takes another negative connotation, now that I hear you saying it, that we don't really need in there. Okay, got it. And then, “For these points, what could be improved and how?”

Got it. Are we actually making it past this one?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

We seem to be. Keep going.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay. Now, Ken had a question in here on his and it basically is can we provide a list of categories that they can pick from them and then allow them to comment? I worry that we will not get consistent feedback and it will take more time to reconcile and then have an other at the end.

Lisa Carnahan – National Institute of Standards Technology – Chair

This is question three? When we get to the testing stuff you'll hear me say this over and over and Carol can back me up or tell me I'm wrong, but based on the kind of comments we get, you're going to get a lot of people questioning the rationale for certification.

It's not that it's difficult; it's that it's purposely ambiguous to be flexible. I mean, we're going to wade through a lot of comments that we're going to end up saying, yes, that was by definition, that was by design that that was ambiguous or that's open-ended or that wasn't specified because of the floor nature of the criteria. And I'm not saying we don't want those, but when you have a question like this you are going to get a lot of that.

John Derr – Golden Living LLC – Chief Technology Strategic Officer

Maybe at the beginning you should put, in the background, the purpose of certification because I was always told it was if we don't have certification how can you pay incentives? It's as simple as that and you have to have some way of proving they don't just have an Excel worksheet.

And on question two, maybe building on what John said, maybe we have to split these between modules and complete EHRs because you might get different things; maybe as simple as those two classifications.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah. You know, Lisa, your comment about the criteria and the potential that the criteria is purposely ambiguous is really a good point.

Lisa Carnahan – National Institute of Standards Technology – Chair

I mean, we're going to get that and that's okay, maybe. But we're going to get a lot of that.

Carol Bean – ONC – Director, Certification and Testing

What are we really trying to get at? The criteria? We're also going to hear a lot about the test and the Meaningful Use. You know, the certification criteria are kind of in between the Meaningful Use objectives and the tests themselves. What is it that we're trying to get at here, about the criteria, separate from the test?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And the scripts themselves?

Judy Murphy – Aurora Health Care – Vice President of Applications

The intention, I believe, was if they say things like the one related to, I don't know, I'm going to make this one up, vital signs. And they might say the test script was confusing. They might say the definition was confusing. They might say it was unclear how I was supposed to test for this one or; I'm thinking that's what we're looking for. And, by the way, none of those were good comments, but I think you got the gist of where I was going with it.

Lisa Carnahan – National Institute of Standards Technology – Chair

I guess I'm with Carol. It's not that it was difficult. My suggestion, and maybe it's the same applies here, my suggestion for one of the NIST test groups is was there an ambiguity? Was there, it was inconsistent with the criteria? Was it added requirements beyond the criteria? And maybe this one is, and I don't know that you want to open this up of talking about the criteria in the context of the objectives or the measures, but I'm not sure what you're looking for here either.

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, we're asking them which three certification criteria, so realizing that there are, well, we were equating when we were writing this, we were equating a Meaningful Use measure to a certification criteria. Now, that's not a one-to-one relationship necessarily, but the idea was that they would identify which criteria, Meaningful Use criteria, they had the hardest time or the most misunderstanding around what they were expected to do to certify that piece.

And maybe this question doesn't say it right, because maybe it should say, just as I'm trying to describe it, what Meaningful Use criteria did they have the most difficulty understanding the corresponding certification criteria?

Lisa Carnahan – National Institute of Standards Technology – Chair

Meaningful Use criteria, I wasn't sure what you meant by that, but so you're looking at the mapping of the measure or the objective to the criteria?

Judy Murphy – Aurora Health Care – Vice President of Applications

Correct.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I think that's a good point and I'll give you an example, or maybe a test that you could apply to it because some of the objectives read very plain, what you wind up needing to do and they correlate very well. But some that don't, if you were to read the objective and then go read the test procedure, did you have a head scratching moment about where did they get that as being a test attribute for that objective?

And I could offer, for example, or where testing may be most inconsistent across inspections or be at risk for that. There could be an objective patient list as one that is stated very high level and there are a lot of, you know, what's a condition and it could be applied very high level, it could be applied very fine grained in the actual inspection process. So, it had a lot of latitude to the inspector to determine how they were going to test it, even where the test procedure was written.

Lisa Carnahan – National Institute of Standards Technology – Chair

I understand because these are all hitting back to test procedures and if that's what this is going to be, let's blatantly say it. I'm looking at do we want any questions that relate the criteria itself back to objectives in Meaningful Use.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes, what I kind of wrote when I was listening to you all and, Judy, I don't know what you wrote, I wrote, "What Meaningful Use measures did you have difficulty understanding the correlation to certification criteria?" That may not be what we're getting at, but that's what I heard.

Judy Murphy – Aurora Health Care – Vice President of Applications

And I wrote something similar, "What three Meaningful Use measures and their corresponding certification test procedures did you have the most difficulty with and why?"

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, see and I, you can do that; that's fair, but a lot of the comments we receive really go back to you have to put all three together because a lot of the issues people have with those test procedures, it's because they don't go back and read the criteria.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, you're thinking, if I'm hearing you, Lisa, say we should try all three together in a single question?

Carol Bean – ONC – Director, Certification and Testing

I'm going to jump in. I mean we could either do it looking for the Meaningful Use, you know, kind of make it a three-parter: Meaningful Use, the criteria and the test procedures. Or we could just simply talk about the alignment among the Meaningful Use objectives, the certification criteria and the test procedures.

Lisa Carnahan – National Institute of Standards Technology – Chair

I would like to see that.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I like that, too.

Lisa Carnahan – National Institute of Standards Technology – Chair

Because that will give NIST a chance, again, to respond that much of, you know, if you're just going to read the objectives and you're going to read a test procedures, yes, you're going to have questions. You have to read the criteria. And so that will give the opportunity to respond that way.

You're going to get oodles of those comments that that's going to be the answer, unfortunately. People don't like that answer, but that is the answer.

Carol Bean – ONC – Director, Certification and Testing

So, if you maybe specify. I mean, you talk about the alignment, and I think it's a good.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It's a good word, yes.

Carol Bean – ONC – Director, Certification and Testing

And among the three sets of things then that is actually a teaching moment. People are not inclined to see it as such, so it may force them to think about, oh; and there are places where the alignment is maybe uneven, you know, if you look at all of them together. They're not really; it's sort of if you look at a vocabulary the granularity is not necessarily consistent in all branches of the tree.

Judy Murphy – Aurora Health Care – Vice President of Applications

How can we most easily describe the three branches? So, we've got Meaningful Use. Do we want the word measures or objectives, that's my first question?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I prefer measures. Others?

Carol Bean – ONC – Director, Certification and Testing

I would say measures.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, so we have Meaningful Use measures. For the second one, certification criteria?

Lisa Carnahan – National Institute of Standards Technology – Chair

Correct.

Judy Murphy – Aurora Health Care – Vice President of Applications

Is that the tightest way of saying it? I think so.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, and the standards.

Judy Murphy – Aurora Health Care – Vice President of Applications

I was hoping not to have any ands in here, but maybe we have to.

Lisa Carnahan – National Institute of Standards Technology – Chair

That's fine, that's fine, because you get the standards with the criteria.

Judy Murphy – Aurora Health Care – Vice President of Applications

And then test procedures. That one is easy. Okay, so now we want to string those together somehow with the word alignment or where they felt there was alignment of misalignment, I suppose.

Carol Bean – ONC – Director, Certification and Testing

Do you want to say, instead of specifying objectives and distinguishing between the objectives and the measures because that might cause some head scratching with respect to Meaningful Use, you could call it requirements?

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, I think we were talking about using the word measures to kind of mean both. See, that's where a lot of people don't differentiate those words like I know we do.

Carol Bean – ONC – Director, Certification and Testing

Okay.

Judy Murphy – Aurora Health Care – Vice President of Applications

Meaningful Use measure was sort of meaning, if CPOE you have to do a 30%, you know, yeah.

Lisa Carnahan – National Institute of Standards Technology – Chair

Could you say something like list three triplets – we'll just say triplets, you'll work that – triplets that weren't, I don't want to say obviously misalign; that gave you trouble in their alignment or that caused confusion in your ability to use and implement.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

The greatest difference between certification and use? You know, whenever I go to things like CPOE you didn't even have to play, say, you certify for lab and diagnostic imaging and those had nothing to do with the use requirement. And, honestly, that came up in spades when we were, we had many a discussion with the kinds of order entry capabilities that might be subject to certification and some where people were tempted to go way down a pike and then they realize, well, those don't even order lab or diagnostic imaging, so it's not even possible.

So, if they're only viewing it through the lens of, say, a pharmacy system doing order entry and they're all hung up on medications and that's the only thing it needs to do and they forget that there's a certification criteria that says two other kinds of orders have to be able to be placed, they may not pound on the table so much about certifying a pharmacy system.

So, that's the kind of thing that's come up in some conversations that have been caused by confusion between use requirement and certification criteria.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, I think I might have it. See if this makes sense. "What three Meaningful Use measures and their corresponding certification criteria and test procedures seemed not to be in alignment and caused confusion for you?"

Lisa Carnahan – National Institute of Standards Technology – Chair

That's good for me.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, I like that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, me, too.

Judy Murphy – Aurora Health Care – Vice President of Applications

Perfect.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Now, you might want to give a parenthetical example, like where the Use requirement differs from the certification criteria.

Judy Murphy – Aurora Health Care – Vice President of Applications

If they need an example, then they don't answer the question.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, that's true.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I would think that potentially could skew your results.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Okay, fair enough.

Carol Bean – ONC – Director, Certification and Testing

Without wordsmithing, do you want to call it misaligned rather than not being in alignment?

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, I didn't like the word misalignment. So, I sort of did that on purpose, but let me read it the other way, because if it doesn't sound really negative, it's always how does it sound, you know. "What three Meaningful Use measures and their corresponding certification criteria and test procedures seemed misaligned and caused confusion for you?"

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

No, you're right.

Judy Murphy – Aurora Health Care – Vice President of Applications

It sounds more negative, eh?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes, it sounds better to say are not aligned or were not.

Judy Murphy – Aurora Health Care – Vice President of Applications

Which is, again, that teaching moment. They're supposed to be in alignment, so if they're not.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

What happens, yeah.

Lisa Carnahan – National Institute of Standards Technology – Chair

You could say where they were less than perfection.

Judy Murphy – Aurora Health Care – Vice President of Applications

Here we go again. And you felt enlightened or you would to enlighten us? Okay. Number four, I'm afraid of because I know it's a long question and Ken already said he thinks the question is really confusing. So, let me open that one up with comments from this group.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I'll offer the, I think you could, well, and you've got two question fives there, but I was thinking the first of the two question fives you might be able to get after what you're trying to get at there without; they seem redundant.

I love question five because I actually already kind of have an idea how I would answer it in the survey. I think that's very important and so whether a certification criteria, and I'd like to see the same kind of question, by the way, on a test procedure.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah, so we have to pause here because both of these were given to us from Steve Posnack. And so, before we eliminate number four, the old number four, we should just think through exactly what he was trying to get at and what he was trying to get at, I believe and actually some of you maybe know even better, is kind of what Carol was alluding to earlier, that some of it was left open on purpose, and that maybe that wasn't a good decision.

And maybe we should be more prescriptive. And I think he's getting that from the people that are saying, just tell us what we have to do; don't give us options.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Well, and then, in fact, to dovetail on that, I think he's saying do you need technology or is this a thing you can do with process, right?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Well, maybe question four is very focused on are the criteria detailed enough or not and then question five is are they scoped appropriately? And just leave it a little more simply worded. I think it's the additional explanation that might be getting a little confusing. Because I would answer those differently. You know, one is a matter of do I understand what you're trying to test here or not? The other is, do I agree with the scope of what you're trying to test in this one criteria statement?

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah, yeah. Ken's suggestion was that we should simplify the question by making it a yes/no and saying something like, "Were the certification clear, yes, no? If no, tell us how we can improve it?"

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

And that would be a different; I think four, that would be a good way to reword it. Five, actually, then stands as a very different kind of question.

Judy Murphy – Aurora Health Care – Vice President of Applications

I agree.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Because that's really around scope, yeah.

Carol Bean – ONC – Director, Certification and Testing

Actually, I like the three of them. I think the clarity; I mean, I like, "Are they clear?" And then.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

"Are they specific, are they scoped appropriately?"

Carol Bean – ONC – Director, Certification and Testing

Right.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, I think that's fair.

Carol Bean – ONC – Director, Certification and Testing

I think they are three distinct things that would be very useful to know, to get the feedback on.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, I like that, too. And that way we can break them up and make them simpler, like we just said. And it probably makes sense to do them in that order. So, the first question would be, "Are the certification criteria clear, yes, no? If no, how can we improve it?" Then the next question, give me some help here.

Lisa Carnahan – National Institute of Standards Technology – Chair

This is the first number five?

Judy Murphy – Aurora Health Care – Vice President of Applications

No, it's old number four.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, clarity, specificity and scoping concepts, yeah.

Judy Murphy – Aurora Health Care – Vice President of Applications

Clarity, specificity and scoping. So this would be the specificity one.

Lisa Carnahan – National Institute of Standards Technology – Chair

And there you could say was the level of specificity appropriate?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Adequate or, again, we'll get into the negative.

Judy Murphy – Aurora Health Care – Vice President of Applications

Appropriate is probably the right way to think.

Lisa Carnahan – National Institute of Standards Technology – Chair

I like appropriate because some of these questions I find a little leading. And so just saying was the specificity appropriate, nobody knows.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

What you think.

Lisa Carnahan – National Institute of Standards Technology – Chair

What you think, yeah.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's right.

Carol Bean – ONC – Director, Certification and Testing

And then you could say, and why? I mean, just like we did on the last one, the clarity.

Judy Murphy – Aurora Health Care – Vice President of Applications

Perfect. Now, five. Do we keep it as open as, was the scope, no.

Carol Bean – ONC – Director, Certification and Testing

I'm not sure people would know what scope.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah, I know.

Lisa Carnahan – National Institute of Standards Technology – Chair

I think we could use words; I like the word about the criteria being, I like certain technical outcomes and end results. We could maybe use the word prescriptive.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, you would say, "Should certification criteria be more prescriptive, be prescriptive, just no word more in there, just be prescriptive?"

Lisa Carnahan – National Institute of Standards Technology – Chair

No, because that's not much different four, I think. Technical outcomes or end results. I'm actually not sure what he's asking here. "Such as the fact that the technology health information."

Judy Murphy – Aurora Health Care – Vice President of Applications

Michael, are you on? Mike Lipinski, do you have suggestions?

Lisa Carnahan – National Institute of Standards Technology – Chair

Carol, were they trying to get to this? For example, the criterion right now for immunization, supplies an implementation guide, doesn't have transport and it says, "The ability to record, modify and transmit immunization information."

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I think you're on the right track and I did have a conversation, actually, for something we were seeking clarity about with Steve; the auditing test procedure. It's more the test procedure, but it could be spoken of the concept I think he may be after here with certification criteria for security audit, where you're testing both view.

You know, you have the source system and then you might have a log system; they could be two different systems so the basic point is should the creation of audit events be its own criteria and the logging and viewing of audit events be a separate one?

I think the immunization one you're absolutely spot on. I think he's after, are we lumping too much into one certification criteria such that, you know, there might be a solution that does a part of it, that's perfectly legitimate and is in use in the market and you're locking them out because of the way you wrote the test procedure or the criteria because you're going to make him go find a partner to go do it, when they have one business partner.

Lisa Carnahan – National Institute of Standards Technology – Chair

I prefer to say the criteria, because that's where those verbs come from.

Carol Bean – ONC – Director, Certification and Testing

Oh, Lisa, Lisa.

Lisa Carnahan – National Institute of Standards Technology – Chair

I know, Carol.

W

That's what we think this question is about?

Carol Bean – ONC – Director, Certification and Testing

I wonder if you could put; if people are going to be confused by scope, I think I understand what you're saying, but I wonder if that gets also back to the issue of granularity?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

It does.

Carol Bean – ONC – Director, Certification and Testing

I mean how big are our team's toys, how big are our LEGOs? So, is there a way to add to that question?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

That might be the right thing because you're trying to; are they, scoping is a bad word, slide is another, but are they too general or not specific enough? Can they be parsed into more than one thing legitimately?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, I'm wondering if the language was instead of, "Should certain certification criteria," we can say, "For a given criterion, should the functional requirement be more or less granular?" Is that too technical, because that's really what it is, some of those criterion, they're lumping in record, view and modify or record, modify.

Carol Bean – ONC – Director, Certification and Testing

Well, it's actually, and here is where I'll get a little technical, it's granularity/specificity as well as it pre- and post-coordination. I mean, you're coordinating things that we all agree those are three different things, but we're saying you have to do them all together, so it's where the coordination comes in.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, on number five we ask about the level of specificity, right? And so now we're asking are we trying to put too many of these, or we're specifying, but then there's too many in a single criterion?

Carol Bean – ONC – Director, Certification and Testing

The clumping, in the coordination.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

You're clumping the coordination.

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, can we use the word functionality? Would people understand that, or capability?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I think capability is a better word than functionality, yeah.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, should certain certification criteria, I guess you could leave it at that, be scoped differently with respect to the level of functionality or amount of capabilities?

Judy Murphy – Aurora Health Care – Vice President of Applications

Ay yi yi. Whenever we start introducing new words, like capability.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

What does that mean, yeah.

Judy Murphy – Aurora Health Care – Vice President of Applications

It seemed so clear when he said it to me on the phone and then I said, well, send me the language and then he sent it to me. It didn't seem as clear when I read it. Now I'm like totally confused.

Lisa Carnahan – National Institute of Standards Technology – Chair

How about this, and this will be very leading I think, but maybe it will get people thinking; so he has in here the example, “For example, should they be scoped to fully focus on certain technical outcomes, such as the fact that the EHR can transmit health information according to its specific standards rather than its ability to record, modify and transmit.” No?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I didn’t follow.

Lisa Carnahan – National Institute of Standards Technology – Chair

Okay, so take what he has here, right, in the phrase, “Such as the fact that the EHR technology can transmit health information according to specific standards,” because he used transmit rather than combined, record, modify and transmit. Because I think what he’s getting to is in the algorithm of the criteria it’s always record, modify, do something, delete; record, modify, transmit; record, modify, view; record, modify; I think that’s what he’s trying to get to of whether that’s a good thing.

Carol Bean – ONC – Director, Certification and Testing

Maybe we can talk about the combination of atomic functions? Because that’s sort of the coordination thing. I don’t want to beat this dead horse, but the fact that we’re combining things rather than allowing them to stand on their own, sort of the additive versus multiplicative issue.

Lisa Carnahan – National Institute of Standards Technology – Chair

How about then, for example, “Should they be scoped to solely focus on certain technical outcomes or end results, e.g., record only, modify only?”

Carol Bean – ONC – Director, Certification and Testing

I just don’t want to be that specific. We’re trying to be general. I mean, that’s both the blessing and the curse of an example. I don’t want people to focus on the one, but it may well help.

Lisa Carnahan – National Institute of Standards Technology – Chair

Maybe we just leave it as the question and not the for example.

Carol Bean – ONC – Director, Certification and Testing

We could say, “Should the criteria be scoped or combined differently?”

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Or uncombined.

Carol Bean – ONC – Director, Certification and Testing

Uncombined, right; decomposed.

Lisa Carnahan – National Institute of Standards Technology – Chair

Would it be decomposed? Let’s just be blatant.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

But that’s the gist of it, right? Should certain certification criteria be defined to be combined or uncombined differently?

Carol Bean – ONC – Director, Certification and Testing

I like that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, that’s easier to understand.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, so defined. How did you say that?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I said, “Should certain certification criteria be defined to combine or uncombined differently?” To be defined or, I’m sorry, combined or uncombined differently.

Carol Bean – ONC – Director, Certification and Testing

And there you might want to say decomposed.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, combined or decomposed differently, yeah, that’s fine. It doesn’t have to be parallel structure necessarily, using the same verb.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, “Should certain certification criteria be combined or decomposed differently?” That’s simple.

Carol Bean – ONC – Director, Certification and Testing

And if so, which ones.

Judy Murphy – Aurora Health Care – Vice President of Applications

And if so, which ones and why.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah.

Judy Murphy – Aurora Health Care – Vice President of Applications

I like it.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

You know, if you had an example, I think it was Carol that said the immunization reporting one is a great example. If you had to put one in, but you don’t have to.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, we don’t want to lead them.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, don’t lead them.

Lisa Carnahan – National Institute of Standards Technology – Chair

Or one way you could say is are there any criteria that could be split, single criteria into multiple criteria?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, there you go.

Lisa Carnahan – National Institute of Standards Technology – Chair

But we may want to; I don’t know what the down side of that is, especially we don’t want to be having.

Carol Bean – ONC – Director, Certification and Testing

You’re going to have 70 criteria, that’s the down side. But that may be okay.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, are you suggesting that it’s not just certification criteria, it’s also the Meaningful Use measures? No, you weren’t going there, my head was going there. We’re still just talking about certification criteria.

Okay, “Should certain certification criteria be combined or decomposed differently, yes, no? If so, tell us which ones,” did you say and how or why?

Lisa Carnahan – National Institute of Standards Technology – Chair

And why.

Carol Bean – ONC – Director, Certification and Testing

Why, why; not how. We don't want to.

Lisa Carnahan – National Institute of Standards Technology – Chair

We don't want the how on that one.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah, I didn't think so. "If so, which ones and why?"

Carol Bean – ONC – Director, Certification and Testing

Because I think the point is we want to keep this very general high level. People can provide examples, but we're really looking at the conceptual aspect of this. And I'm afraid; I think we don't want, okay criterion number 32 is crummy, you know, for whatever reason. I don't like it mainly because I can't do it.

Lisa Carnahan – National Institute of Standards Technology – Chair

The only one here, and was it John that was speaking, what we really want here is to know where, perhaps, the criteria itself is disallowing certain types of products that could be very valuable in the marketplace from going through.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Absolutely. That's a consequence you'd like to understand if there is one.

Lisa Carnahan – National Institute of Standards Technology – Chair

And maybe we should be explicit about that.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, I would agree.

Lisa Carnahan – National Institute of Standards Technology – Chair

Are we inhibiting something? I don't want to say stifling innovation.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

No, I like the path you're headed down. Maybe there is a second part of the question or a sub-question that says are any of the certification criteria as defined currently inhibiting the ability to certify for technologies that would be valuable to the market?

Judy Murphy – Aurora Health Care – Vice President of Applications

Talk about a judgment call.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

And I'm not trying to render a judgment, but the consequence of it is, is that, because I'll tell you, you'll get feedback both sides on that one, I'm sure, but especially from those who are feeling locked out or disenfranchised, but.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

How does that serve the self-certifier, though, John? That from a vendor is very appropriate.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Well, I'll tell you from a self-certifier, depending on what it is, they may have self-developed something that only addresses a part of the certification criteria as well.

Lisa Carnahan – National Institute of Standards Technology – Chair

One criterion, though, right?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Or even a part of a, yeah. I'm thinking too much in terms of test procedure, but test steps F through G.

Lisa Carnahan – National Institute of Standards Technology – Chair

Right, but that goes back to because it's record, modify and something in the criteria.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

Yeah, and that's the point of it. Does it force your hand into certifying in a particular way to the exclusion of other ways that may be every bit as legitimate, if you only had the opportunity to decompose the certification criteria one level.

And did that cost anybody, the fact that I might use two system modules to do what maybe NIST and ONC presumed initially for Stage 1, one would naturally always do. Well, that's just learning, that's not a criticism; that's learning that there really are combinations out here that can do that every bit as well and they don't deprive anybody of anything.

Lisa Carnahan – National Institute of Standards Technology – Chair

Do you think we'll get those answers in the question we just asked anyway? I mean, I don't know who is going to answer that other than people who have experienced that, either on the implementer side or the vendor side.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

To some extent that's who you want to hear from.

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, that's what I'm wondering. Are they going to provide that level of information in the question we just went over, about the decomposition?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I think so, I think so.

Lisa Carnahan – National Institute of Standards Technology – Chair

Then we don't have to actually force another question.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

No, you're probably right.

Lisa Carnahan – National Institute of Standards Technology – Chair

You know, maybe a theorist or academic guy is going to go, oh, well, obviously you could decompose more. But I think it's really the vendors who were the implementers who had an experience on that.

Carol Bean – ONC – Director, Certification and Testing

I keep studying what Steve's words are and I'm not convinced he's talking about the composition. As a matter of fact, I think he's not. I think he's talking about outcomes versus process, perhaps.

Lisa Carnahan – National Institute of Standards Technology – Chair

Can you say more?

Carol Bean – ONC – Director, Certification and Testing

Should they be scoped to focus on the outcomes or end results? Is it that we want to say; make them more objective oriented rather than process, because a lot of the criteria right now are kind of process oriented. I mean think about the technical process. And it's sort of the notion of not focusing on the how, which is a little bit of the process or it starts going down that, which we're trying not to do, but the process is always going, by definition deal with how.

But rather to focus strictly on the outcome. We don't care how you get there; just show us that you get there.

Lisa Carnahan – National Institute of Standards Technology – Chair

And so what would be an outcome?

Carol Bean – ONC – Director, Certification and Testing

That you can transmit; I mean, I'm trying to analyze, without him being on the phone, I'm trying to kind of analyze.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, that one I agree with. That one, I think it would be lovely to see a criterion that just says, do you have an interface to push immunization information meeting the implementation guide, blah, blah, blah; rather than the record part because that forces the test procedure to address record, and that's where we get into trouble on the module side.

I was trying to think in terms of the body mass, you know, just the outcome; I guess that one also was a record and modify and do something and so I guess it's just can you present to the physician or to the healthcare provider the body mass calculation of a patient?

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I like that one. I'm going to have leave here at the half hour, but that spurt of thought; we're aware of situations where what's the starting point for the certification in a given instance. Is it that you're performing an action? I think that there could be better clarity on some of these things around what's the starting point of the certification test procedure?

Is it a source system? Is it an inbound file? To your record action, I just got to thinking, some of the public health objectives are like that. Do you have to have a source system in order to certify? Can you start with an inbound file?

And so, the language you use in the verbs makes a huge difference to the latitude, the ONC ATCB thinks they may have in giving the applicant seeking certification guidance and what is the first action you're really doing? Or are you really doing things that are outside the test procedure because they're a prerequisite and somehow they become almost extracurricular add on to the test procedure?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, and I agree with you, but, again, it goes to the verbs in the criterion and unless the rules of the rule change of what a module is, it's meeting one criterion. So, that's what we're getting to the heart of is what, in fact, are the verbs in the criterion, which I think is this question.

But we had a question on the table, right? We had a draft question on the table.

John Travis – Cerner – Senior Director and Solution Strategist, Regulatory Compliance

I'm going to have to drop off.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, bye, John. Lisa, I'm not sure.

Lisa Carnahan – National Institute of Standards Technology – Chair

We still have the decomposition.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, I've got the three that we've got so far and actually I think they're good. So, it's, "Is the certification clear? Was this level of specificity appropriate? And should certain certification criteria be combined or decomposed differently?"

Carol got on to something, though, when she was saying I think what Steve meant, and I believe that was his intention. It's kind of like what she was describing, which is outcome oriented versus process oriented. So, today the criteria are more process oriented rather than outcome oriented, like what are you supposed to be able to do as compared to how do you go about doing it?

Carol Bean – ONC – Director, Certification and Testing

Is there a way to say is the balance between process and outcome good or correct or something like that?

Lisa Carnahan – National Institute of Standards Technology – Chair

Appropriate.

Carol Bean – ONC – Director, Certification and Testing

Appropriate. I was trying not to use that word. It happens to be the most appropriate word. And I'll just say, originally I was thinking how can this call last two hours? But I see.

Judy Murphy – Aurora Health Care – Vice President of Applications

Now you know, right. We're about to run out of time before we get to the test questions. Lisa is going to lose it.

Lisa Carnahan – National Institute of Standards Technology – Chair

And I have comments. We're looking at a new question here?

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, it's kind of a revamp of his old number four.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Five.

Judy Murphy – Aurora Health Care – Vice President of Applications

Five.

Carol Bean – ONC – Director, Certification and Testing

I liked five. But you could say, please comment, because I think this is not misleading, "Please comment on the balance between criteria focusing on outcomes versus process," or something.

Lisa Carnahan – National Institute of Standards Technology – Chair

Oh, that's good.

Judy Murphy – Aurora Health Care – Vice President of Applications

So something like, "Should certain certification criteria be scoped differently?" Leave that. And then say, "For example, should they be scoped," how did you put that? I'm sorry, I lost it.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, it wasn't a question, it was a direction. "Please comment on the balance of the given criterion in terms of outcome oriented versus process oriented."

Carol Bean – ONC – Director, Certification and Testing

Lisa, is that a separate one or is that part of the?

Lisa Carnahan – National Institute of Standards Technology – Chair

I actually like the words about combining and decomposing.

Carol Bean – ONC – Director, Certification and Testing

So, you want it as a separate, you're suggesting a separate question?

Lisa Carnahan – National Institute of Standards Technology – Chair

I like the question as is, or not as is, as our new question, the combining.

Carol Bean – ONC – Director, Certification and Testing

Those comments, but are those under the same number?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, but I'm withdrawing.

Carol Bean – ONC – Director, Certification and Testing

But I like the please comment.

Judy Murphy – Aurora Health Care – Vice President of Applications

I do, too. I think that was helping clarify. But I think you were suggesting just putting it onto the end of the old question five, right?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, I was.

Carol Bean – ONC – Director, Certification and Testing

Can we make it a new one? Because I think it gets at a different issue, then, the combination or decomposition, I think the balance. I like the way that it's worded. "Comment on the balance between process and outcome."

Lisa Carnahan – National Institute of Standards Technology – Chair

All right. Add that.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, I've got that. So, are we leaving five as is? "Should certain certification criteria be scoped differently? For example, should they be scoped – I think we need to put a D on the end of that – "Should they be scoped to solely focus on certain technical outcomes/end results?"

See, this is where, it's got so many commas and stuff on it, it does get confusing.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

But what if you took off the end of it? What if you just said, for example, "Should they be scoped to solely focus on certain typical outcomes or end results?" and not give a specific example. Is that possible?

Carol Bean – ONC – Director, Certification and Testing

I thought the questions that we were just suggesting were trying to get at two aspects of this and would replace it.

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, that's where we went originally, but then Lisa really likes this question.

Lisa Carnahan – National Institute of Standards Technology – Chair

I really liked the re-written question. No, I would scrap this one, the one on paper, and replace it with the one about combining and decomposing.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay.

Lisa Carnahan – National Institute of Standards Technology – Chair

I'm sorry.

Judy Murphy – Aurora Health Care – Vice President of Applications

No, that's all right.

Lisa Carnahan – National Institute of Standards Technology – Chair

And then the second question is Carol's question, she was taking ownership, of the balance between.

Carol Bean – ONC – Director, Certification and Testing

Yes. Oh, now here's where we can at least keep the scope word. So, maybe it works. I think this might work. If we have the question that already asks, oh, I can't find it now. "Should certain certification criteria be combined or decomposed differently?" Okay, we have that question.

Then right after that question we ask the question that says, "Should certain certification criteria be scoped differently? Please comment on the balance of process oriented versus outcome oriented certification criteria." Now, that seems to work for me.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It may be that once we get all the changes in and we process that and we need to send it to at least Lisa and Judy and others on the Committee so they can tell us did we get it.

Carol Bean – ONC – Director, Certification and Testing

I would also think it would be useful to have, since we're not able to have Stapin.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Oh, yeah. Have him review.

Carol Bean – ONC – Director, Certification and Testing

Maybe everybody who is on this call, again, because I think you're capturing things beautifully, but I do better.

Judy Murphy – Aurora Health Care – Vice President of Applications

Reading it, sure, sure.

Carol Bean – ONC – Director, Certification and Testing

Well, to read it and see it in context and I think that the context is everything with this. So, while we're loving each individual question as we see the flow, something may suggest itself to us.

Judy Murphy – Aurora Health Care – Vice President of Applications

Absolutely correct. Okay, so for the time being how do we want to leave this one? Do we want to keep that, the two sentences, "Should certain certification criteria be scoped differently? Please comment on the balance of process oriented versus outcome oriented certification criteria?" Or just have the question be, "Please comment on the balance of process oriented versus outcome oriented certification criteria?"

Carol Bean – ONC – Director, Certification and Testing

I think I liked the first.

Judy Murphy – Aurora Health Care – Vice President of Applications

With the scope one still in there. Okay, so for now, I'll leave that in there then. All right. Now we're up to the test script one. And I think, Lisa, you had some suggestions for that?

Lisa Carnahan – National Institute of Standards Technology – Chair

Right. So, second question number five, and this goes back to my other comment that it should say, Carol, what were you saying, ONC approved test method?

Carol Bean – ONC – Director, Certification and Testing

Yes, instead of NIST test script, replace that with ONC approved test method?

Lisa Carnahan – National Institute of Standards Technology – Chair

I don't have a problem with this question being, I mean we always like to hear suggestions for improvement. You're going to get everything and anything that's valid and some that have to be explained back to other parts, so I don't have a problem with this. It's pretty open-ended. Again, there's not a whole lot of questioning here about any positive asset that makes a positive method, but that's okay. We'll live with it.

So, five, if you just make the change of the name.

Judy Murphy – Aurora Health Care – Vice President of Applications

To ONC hyphen approved test methods. Is that what you just said, I think?

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, there's only one test method, it's singular. And then, Carol, do you hyphenate that?

Carol Bean – ONC – Director, Certification and Testing

ONC-approved? Yes.

Lisa Carnahan – National Institute of Standards Technology – Chair

Okay.

Carol Bean – ONC – Director, Certification and Testing

I do.

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, you are it.

Carol Bean – ONC – Director, Certification and Testing

It's a unit modifier.

Lisa Carnahan – National Institute of Standards Technology – Chair

ONC-approved test method, so there's only one test method. And then that's okay, five. I mean it is what it is. So, six, here's where I have.

Carol Bean – ONC – Director, Certification and Testing

Whoa, whoa. Do you want to say test procedures, Lisa?

Lisa Carnahan – National Institute of Standards Technology – Chair

No, I think ONC-approved test method. I would leave it as big and broad as possible. So, six; here's the issue with six and I don't know how we get this information out, but test lab can take those test procedures and do exactly what this question asks. They can choreograph them and they can combine them any way they want to. They can do that now and they know it.

Judy Murphy – Aurora Health Care – Vice President of Applications

Let me stop again. This one was specifically recommended by Steve and here's this one, I do remember his thinking very clearly. He thought doing all this different stuff in isolation was really confusing to people and if we had more of an end-to-end demonstration, more like how you would actually be using a product, then it would make a lot more sense. So, that's what the background on this one was.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, here's my recommended change and see if you guys yea or nay, but this is what I would put on the table. "What sets of criteria lend themselves to testing in combination; being respectful of the final rule definition of a module, i.e., implements one criterion plus the security criteria, because that's where we

get into trouble. And I know in Stage 2 ONC is going to look to be able to do some of these. So, you don't want the labs to have the latitude of looking at a product and seeing what makes sense for that product and adjusting.

You want that done at the meta level, so everybody has to be tested the same way. That's okay, but, again, modules, you only have to implement one criterion in the security criteria, so that's actually for modules I think going to be a little harder to pull that out, unless we're kind of really, really smart about what these sets of combinations look like.

So, let me repeat my question again. "So, what sets of criteria lend themselves to testing in combination, being respectful of the FR definition of a module?" Because this question six, would it be beneficial? Of course it would be.

Carol Bean – ONC – Director, Certification and Testing

I agree with you, but I don't know that; what are we, I mean, a) it's either a yes/no and, b) I'm not sure how useful that is. Of course it would be if it were more work flow related. But there is always a trade off and the whole module thing, I don't know that there's an answer that we would get here that would be useful and maybe I'm asking to make the question such that the answer would be useful to us.

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, that's why I was thinking ask them.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, which ones would you combine, right?

Lisa Carnahan – National Institute of Standards Technology – Chair

But be careful, as soon as you have a module; so, you would never take immunization and combine a bunch of stuff with immunization because you may have one module whose sole purpose in life is to push immunization results.

Carol Bean – ONC – Director, Certification and Testing

Right. And so I'm thinking what are we going to do with it? If people say, well, these are the obvious, but we're always going to need to allow for the one, just for some reason somebody thinks they've got a business case to do one thing.

Lisa Carnahan – National Institute of Standards Technology – Chair

That's why we design we gave the labs that latitude. I didn't realize, or the ATCBs that latitude, I didn't realize that was being problematic; I actually thought that would help for them, because they compete on that, they compete on being able to combine those test procedures and do work flow testing in the most efficient manner.

Carol Bean – ONC – Director, Certification and Testing

In the most efficient way and so it seems to me that that's where the ATCBs would object to being told how to do their business.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah. So, I was looking at it from give us; are there some that at least lend themselves, but then, yeah, ONC has got to decide in their rule, once you write it in the criteria it is what it is and you can't rip it apart.

Judy Murphy – Aurora Health Care – Vice President of Applications

This also seems a little redundant now, with the one that we just agreed on related to process oriented versus outcome oriented because almost by definition an outcome oriented one would be a big more choreographed, in my mind anyway.

Right now I've just written this as clearly a yes/no, right? Would it be beneficial? Of course. It won't give us anything helpful.

Carol Bean – ONC – Director, Certification and Testing

Yes, it's pretty much a yes question.

Kevin Brady – NIST – Principal Investigator, IEDM

Why don't we get rid of it?

Lisa Carnahan – National Institute of Standards Technology – Chair

Right, so Kevin says, you don't want that question because that's not helpful. We know the answer. For many of these it would be yes, except maybe from the labs, ATCBs would be no. So, does ONC or, I guess I should say, the Implementation Committee interested in sets of criteria that lends itself not necessarily to being defined together as criteria, but being tested together.

That's okay information. The outcome still may be the same. We have to test it a certain way and it is what it is.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

But, yes, does that really buy us anything then?

Kevin Brady – NIST – Principal Investigator, IEDM

Do you really want to know if it's just scenario-based testing? Is that what they'd prefer?

Judy Murphy – Aurora Health Care – Vice President of Applications

I think that's what he was really aiming towards.

Lisa Carnahan – National Institute of Standards Technology – Chair

But the problem is you get the module in.

Kevin Brady – NIST – Principal Investigator, IEDM

And you can't do it all.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And that's one of the complaints right now is that even for modular there is some testing allegedly going on that really has nothing to do with their module.

Lisa Carnahan – National Institute of Standards Technology – Chair

Because it's in the criteria.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Exactly.

Lisa Carnahan – National Institute of Standards Technology – Chair

Thank you.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

You're right.

Lisa Carnahan – National Institute of Standards Technology – Chair

It is what it is. So, Carol, tell us again, what was Steve looking for here?

Carol Bean – ONC – Director, Certification and Testing

I don't know.

Judy Murphy – Aurora Health Care – Vice President of Applications

I'm the one he talked to. He called me on Friday. We sent the draft survey out, just like you guys got it, but this was before you even got it and he had a bunch of comments and so I pretty much just incorporated his stuff, because I thought this is just a draft just to get us thinking.

Lisa Carnahan – National Institute of Standards Technology – Chair

How about this, see, anything we ask ATCBs, any question I ask, ATCBs can do it now, so I was going to say, well, what about products that serve multiple environments? They only have to be tested one time and they can meet the criteria, you know, both ambulatory and inpatient, so that doesn't work either.

Carol Bean – ONC – Director, Certification and Testing

I think the thing is that some people would like it this way, but they can do it this way and so how do we encourage, you know, maybe they need to have sort of suites of scripts. But, again, back into the business of the ATCB and I would think that they would compete on.

Lisa Carnahan – National Institute of Standards Technology – Chair

You were hoping that's what they're competing on, their ability to be efficient and their lower cost.

Carol Bean – ONC – Director, Certification and Testing

Right, lower cost, faster time for certification, etc. But in some ways we've hamstrung them by requiring – we ONC – requiring these criteria to be checkboxed.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, the question is if we leave this question, I don't want to put a question in that's not necessarily going to have an opportunity to effect change.

Judy Murphy – Aurora Health Care – Vice President of Applications

Let me see if I understand what you guys were just saying, that today you believe they, they being the ATCBs, actually have the opportunity to do scenario-based testing if they so choose.

Carol Bean – ONC – Director, Certification and Testing

Yes.

Kevin Brady – NIST – Principal Investigator, IIEDM

Yes.

Judy Murphy – Aurora Health Care – Vice President of Applications

Do they know that?

Carol Bean – ONC – Director, Certification and Testing

Yes.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's what I was wondering. I'm wondering if the general public knows it. It sounds like this is an education issue, not a lack of functionality issue.

Carol Bean – ONC – Director, Certification and Testing

I think so. The requirement is that they can show traceability back to the test procedure. So, I'm not a big Health IT person, but I know some of those criteria can be strung along to be tested very efficiently and the additional allowance, which actually is in each test procedure that has test data, there's language in there that allows the ATCBs to change the test data for efficiency and that's exactly what it means and they know that.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

They do know this. I think some of it is they had to hit to ground running and they don't want to do anything wrong. They know this. It's not a matter of not being aware. I think it's more a matter of folks not understanding.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, if we left this question in and we got overwhelming yes, you know, that's not such a bad thing if now we realize we need to a) do education on this aspect and maybe put more into the test method in Stage 2 that speaks to this and a little more structure around how that can happen.

Judy Murphy – Aurora Health Care – Vice President of Applications

I agree with you. The question is clear. So, if we add the old yes/no and then say if yes, which criteria and why or some open-ended.

Carol Bean – ONC – Director, Certification and Testing

Well, maybe, okay sorry to interrupt, but how about if we.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yeah, I was initially getting to the we're going to start clumping it; I'm just going to use it as a basis for the Stage, yeah, the rationale for beefing up the education in the Stage 1 now, that labs can do this now and there are allowances for them to do it, so both sides are aware of it, the labs are aware of it, but the public is aware of it and then in Stage 2 looking at putting even more structure around kind of how that can happen.

Carol Bean – ONC – Director, Certification and Testing

So, we can say how could test scripts, in what ways could test scripts be combined or the test method be choreographed that would permit the satisfaction of the possible criteria at once?

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, I wouldn't even call it; well, you can say the test procedures. I would even put it more abstract of the certification criteria can be tested at one, right? Because it's not necessarily combining the test procedures. It's being able to, in a testing workflow, address multiple criteria.

Carol Bean – ONC – Director, Certification and Testing

Maybe, what are the work flows that need to be accommodated, that would be useful to be accommodated in a more integrated fashion?

Lisa Carnahan – National Institute of Standards Technology – Chair

Do we want to say clinical work flows?

Carol Bean – ONC – Director, Certification and Testing

I don't know. How about you Implementation folks?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, I would say clinical work flows.

Lisa Carnahan – National Institute of Standards Technology – Chair

Okay, because that will allow us to say to the ATCBs, we inject that in going forward in Stage 2; Stage 1 we'll do education, going forward in Stage 2 we can look into whether we can do that at the test method level formally or if that is good combination that, in fact, the ATCBs can take and ingest and do at their level.

So, we don't necessarily have to have the answer of how to address it at Stage 2. It's good information that we need to address it some way.

Judy Murphy – Aurora Health Care – Vice President of Applications

Agreed.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, I liked Carol's question.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yes, and I like getting rid of the "would it be beneficial" because I think it's saying in what ways we'll get deeper data.

Judy Murphy – Aurora Health Care – Vice President of Applications

Carol, do you want to try to reword that?

Carol Bean – ONC – Director, Certification and Testing

Okay.

Lisa Carnahan – National Institute of Standards Technology – Chair

We liked what you said. It had clinical work flows.

Carol Bean – ONC – Director, Certification and Testing

Okay, it said, in what ways and can the test scripts be combined or developed that would better accommodate clinical work flows?

Lisa Carnahan – National Institute of Standards Technology – Chair

Can I make on friendly amendment and take out script and put procedures?

Carol Bean – ONC – Director, Certification and Testing

Okay.

Judy Murphy – Aurora Health Care – Vice President of Applications

I actually already did that because I knew you didn't like that word.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, I had certification criteria.

Judy Murphy – Aurora Health Care – Vice President of Applications

"In what ways," I got that start.

Lisa Carnahan – National Institute of Standards Technology – Chair

"Can the test procedures be combined?"

Judy Murphy – Aurora Health Care – Vice President of Applications

Got it.

Lisa Carnahan – National Institute of Standards Technology – Chair

"To facilitate the testing of clinical work flows."

Carol Bean – ONC – Director, Certification and Testing

That sounds good.

Lisa Carnahan – National Institute of Standards Technology – Chair

"To facilitate the testing of criteria supporting clinical work flows." That's hair splitting, I know.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

But, no, it's a good amendment.

Judy Murphy – Aurora Health Care – Vice President of Applications

I think I've got it and I will recap it. I think we should go on to the discussion of the next thing while I'm cleaning up my typing and then I will repeat it to you after we get through the next section.

Lisa Carnahan – National Institute of Standards Technology – Chair

So, number seven, yeah, I'm not real thrilled with those words. Or we're outdated and I know somebody is complaining about test data. Again, two things, ATCBs can change the test data. You don't have to use the test data that's in there. They just have to note what they changed and that it is still as robust or whatever the right property of that test data is, relevant. It's in there.

So, again, that's an education opportunity for us. So, what I would be liking to get because, again, we're going to get a whole lot of comments that go back to the criteria or go back to the objectives of measures, so I would like to be very specific and say, "Please provide specific instances where the ONC-approved test method can be improved to reduce ambiguity, consistency with the criteria or the addition of implicit requirements beyond the criteria."

So, I'm looking for information in three different buckets.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Can you do an a, b and c on that?

Lisa Carnahan – National Institute of Standards Technology – Chair

Sure.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So, while Judy is typing do you want to go through them one more time, Lisa?

Lisa Carnahan – National Institute of Standards Technology – Chair

Sure. So, "Please provide specific instances where the ONC-approved test method can be improved to reduce a) ambiguity, b) inconsistency with the criteria, because that will force them to read it, and c), well, actually if they go to the test procedure we have it in there, or, c) the addition of implicit requirements beyond the criteria. Because we tried very hard not to do that.

Carol Bean – ONC – Director, Certification and Testing

That's going to be in your face, people.

Lisa Carnahan – National Institute of Standards Technology – Chair

Well, we can leave it open-ended, but we're going to be wading through oodles of stuff.

Carol Bean – ONC – Director, Certification and Testing

No, I agree.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

This gives us a much better way to digest and analyze the data we get.

Lisa Carnahan – National Institute of Standards Technology – Chair

Oh, then I think we had, from one of our listen-iners, Carol, could we provide in the background where we're going to add that sentence, can we provide either the link? I'm okay providing the HHS link to the test method. There's an HHS page at the bottom that says here's the approved test method or we can provide the NIST link and I'll defer to you, Carol, on what you want to do.

Carol Bean – ONC – Director, Certification and Testing

I would suggest we use the HHS one. And then it redirects, right? Just because that's one of the areas that continue to confuse.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, we need to push everything through HHS at some point here. I agree. Okay, so let me add that to my little note to add the paragraph.

Judy Murphy – Aurora Health Care – Vice President of Applications

Liz, did you capture that one?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

No, I didn't, sorry. I've got the a, b and c. I didn't realize.

Lisa Carnahan – National Institute of Standards Technology – Chair

The comment I just made about the links, Carol, I'm going to add it to the draft and I'm going to send Carol and she's going to push it through.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, why don't you send it through to us and we'll list that, then, as the new question, I believe it would be 14.

Kevin Brady – NIST – Principal Investigator, IIEDM

No, no, that's going to go into the background.

Judy Murphy – Aurora Health Care – Vice President of Applications

Oh, I'm sorry, got it.

Kevin Brady – NIST – Principal Investigator, IIEDM

They'll know where to go to actually read the procedures.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, but the question that had ambiguity and consistency with criteria addition, and implicit criteria not included, that is a new question.

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, that was replacing question seven.

Judy Murphy – Aurora Health Care – Vice President of Applications

Right, which is, "Were there any things in the NIST test group that didn't make sense?" So, I've got, "Please provide specific instances where the ONC-approved test method;" that's where I got lost. What was the rest of it?

Lisa Carnahan – National Institute of Standards Technology – Chair

"Can be improved to reduce a) ambiguities.

Judy Murphy – Aurora Health Care – Vice President of Applications

Got it. "One, ambiguity; two, inconsistency."

Lisa Carnahan – National Institute of Standards Technology – Chair

Yes, with the criteria.

Judy Murphy – Aurora Health Care – Vice President of Applications

With the criteria.

Lisa Carnahan – National Institute of Standards Technology – Chair

Three or c, whichever, the addition of implicit requirements beyond the criteria; for example, some of our first test data we put out people really read more than we intended in it, didn't create an implicit requirement, and so we had to change it.

Carol Bean – ONC – Director, Certification and Testing

And people's interpretations of the Meaningful Use criteria and objectives and measures and all that, well, if you're going to do thus and such, then you have to test thus and such. That the pass through the certification criteria doesn't always allow that. But that's just sort of explanatory. I don't think Lisa was suggesting that as part of the question.

Judy Murphy – Aurora Health Care – Vice President of Applications

Got it, okay.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

So that, given those questions, Lisa or Carol or anyone on the call, are there other things? It's a long list at this point.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, there was one other one from Ken and I actually like this one. So, Ken had, "How would you overall rate your certification experience on a scale from one to ten?" And I actually thought, what the heck, that doesn't sound all that bad. We have to tell them whether one is good or one is bad.

Lisa Carnahan – National Institute of Standards Technology – Chair

On the vendor side, what would that mean from the provider? Is that just their ability to kind of get it and implement?

Judy Murphy – Aurora Health Care – Vice President of Applications

No. It has been a nightmare. Every single way that our vendor lives, we have to live it, too. Because you own the product, you don't own the product. You possess it, you don't possess it. Oh, we're not using that feature. We have to self-certify. Oh, we don't know how to self-certify. Oh, we don't know what to test.

I mean seriously, it does impact us as well.

Lisa Carnahan – National Institute of Standards Technology – Chair

No, I wasn't implying it didn't. I just didn't know, but you've answered it, from a provider perspective you can apply big meaning to that question as well.

Judy Murphy – Aurora Health Care – Vice President of Applications

Yes, totally.

Carol Bean – ONC – Director, Certification and Testing

If we're looking in number one, all of those groups, if we're saying we're looking for information from all these groups, and I think it's fair to ask overall, (audio disrupted).

Lisa Carnahan – National Institute of Standards Technology – Chair

So, one to ten, one being yicky and ten being it was a walk in the park?

Judy Murphy – Aurora Health Care – Vice President of Applications

Yeah. What I thought we'd do is just list them and have one be; well, let's think of the right adjective.

Carol Bean – ONC – Director, Certification and Testing

I liked icky.

Judy Murphy – Aurora Health Care – Vice President of Applications

I mean, we could use unsatisfying and satisfying.

Lisa Carnahan – National Institute of Standards Technology – Chair

Satisfactory, unsatisfactory and then extremely satisfactory.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Are we going to do really one through ten, or are you going to do one through five? That's what I was thinking, standard Likert because otherwise.

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, Likert is seven. Because you don't want them to have a middle of the road one, right? That's what ten does. It forces you to either be a five or a six.

Carol Bean – ONC – Director, Certification and Testing

We can ask them whether it was paradisiacal.

Lisa Carnahan – National Institute of Standards Technology – Chair

Whether it was what?

Carol Bean – ONC – Director, Certification and Testing

Whether it was paradise; icky or.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I just think there's a lot of variance between one and ten.

Lisa Carnahan – National Institute of Standards Technology – Chair

You can do five.

Carol Bean – ONC – Director, Certification and Testing

But do you want a middle of the road?

Judy Murphy – Aurora Health Care – Vice President of Applications

You don't want a middle of the road. You usually want to force them one way or the other. I mean that's the Likert concept anyway.

Lisa Carnahan – National Institute of Standards Technology – Chair

I agree.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, five? Then I say five. So, it's four or six, it has to be an even number.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

How about, if we did six? I'm just trying to think because, obviously, one would be unsatisfactory and six would be excellent. There are a lot of scales out there.

Judy Murphy – Aurora Health Care – Vice President of Applications

What about difficult and easy? And we don't define every number. We just have difficult, one.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

One is easy, six is difficult.

Judy Murphy – Aurora Health Care – Vice President of Applications

No, it's the opposite. The higher number is going to be the easier. Isn't that how most of them are interpreted?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I don't know. It doesn't matter. Just as long as it's down there. You'll always have people that won't read the instructions and will miss rate it, but that's life.

Judy Murphy – Aurora Health Care – Vice President of Applications

And we won't know it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

That's right, exactly.

Lisa Carnahan – National Institute of Standards Technology – Chair

I'm sure there's an uncertainty for that.

Judy Murphy – Aurora Health Care – Vice President of Applications

So, Ken had one other one and we do have to wrap up and public comment yet. "Does the time and effort required to get certified meet your expectations? If not, please comment." So, to me this just calls out time. Do we want to ask anything about time?

Carol Bean – ONC – Director, Certification and Testing

Well, I think time and effort. I think we're going to get hammered on it, but I think it's useful to ask them to comment on it.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

And so you're just going to have an open-ended comment place, you know, free text kind of a thing?

Judy Murphy – Aurora Health Care – Vice President of Applications

That was the idea I think that he was recommending, yes.

Kevin Brady – NIST – Principal Investigator, IIEDM

Should we ask how long it took so you could actually come up with some stats on the average certification time?

Carol Bean – ONC – Director, Certification and Testing

The question is how meaningful is that and then what are we going to do with it, because right now the way the ATCBs have it set up is that folks can, you know, they basically get as many tries as they want or if they can set it up that way or they get a free do over or something like that.

Lisa Carnahan – National Institute of Standards Technology – Chair

I would leave it open-ended because I think at the end of the day the stats of this program are pretty gosh darned good, in the number of products that have been certified, relative to other certification programs in other industries, so I would leave it open-ended.

Judy Murphy – Aurora Health Care – Vice President of Applications

Well, I'm back to what are we going to do with the information?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, because I think people aren't going to know that, Lisa. I mean we're going to just have to pat ourselves on the back.

Judy Murphy – Aurora Health Care – Vice President of Applications

I mean, what do we expect it to be? You know, if we were putting ourselves against a norm or something.

Lisa Carnahan – National Institute of Standards Technology – Chair

Okay.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

It gives us an opportunity to get some open-ended comments and then we will look at them when we get them. And you're right, Lisa, overall it's pretty remarkable what's happened, but we won't necessarily get that kind of feedback.

Lisa Carnahan – National Institute of Standards Technology – Chair

No, you won't. You're going to get it was too long. It was too hard. I didn't understand.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, I wanted to go back and read this question that I was kind of editing before, I think it was the old number seven. "In what ways can the test procedures be combined to facilitate the testing of certification criteria within the context of clinical work flows and would it be useful to accomplish this?" I think I captured the question, but I'm not sure. Do you remember which one we're after here, right?

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

This is on the choreographed combined test one.

Judy Murphy – Aurora Health Care – Vice President of Applications

Right. "In what ways can the test procedures be combined to facilitate the testing of a certification," or it would have to be, "of certification criteria within the context of clinical workflow and would it be useful to accomplish this?"

Lisa Carnahan – National Institute of Standards Technology – Chair

I'll defer to you all. I don't think the "would it be useful" unless.

Judy Murphy – Aurora Health Care – Vice President of Applications

I know, I think I might have added that or that was left from one of our other edits, because I don't know if that was there.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Yeah, if you just took off that last, you know, past the end, would that question make sense? Just stop at work flows.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay. "In what ways can the test procedures be combined to facilitate the testing of certification criteria within the context of clinical work flows?"

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

I think it's better without the end of it.

Lisa Carnahan – National Institute of Standards Technology – Chair

Unless you're looking for a yes.

Judy Murphy – Aurora Health Care – Vice President of Applications

And we're not.

Carol Bean – ONC – Director, Certification and Testing

That sounds good.

Judy Murphy – Aurora Health Care – Vice President of Applications

Okay, good. All right. I think we can, Judy, are you still there? Or did you fall asleep.

Judy Sparrow – Office of the National Coordinator – Executive Director

Oh, no, no, no. I'm here. I could never fall asleep on this.

Judy Murphy – Aurora Health Care – Vice President of Applications

I'm just teasing you.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right are we ready for public comment?

Judy Murphy – Aurora Health Care – Vice President of Applications

We are and we'll have to apologize for being late, too.

Judy Sparrow – Office of the National Coordinator – Executive Director

That's all right. Operator, can you open the lines for the public, please.

Moderator

We do not have any questions at this time.

Judy Murphy – Aurora Health Care – Vice President of Applications

We wore them down.

Judy Sparrow – Office of the National Coordinator – Executive Director

Thanks, everybody, for your contributions. Excellent work.

Judy Sparrow – Office of the National Coordinator – Executive Director

So, before we go, the timeline we'll just have to talk about on our next call. We will be getting the survey out; it sounds like you all wanted to see it in its totality, so I've got all the edits, except for the paragraph that you guys are going to do.

So, I'll send what I've got to Judy. Judy, if you can add in the two things; number one the thing that you have, which is related to the actual posting on the blog as well as the e-mail. And then the second is the paragraph that we're going to replace that one with. Let's add those in and then if you could send it out to the whole group again with a very short deadline of like noon tomorrow?

Judy Sparrow – Office of the National Coordinator – Executive Director

Perfect. All right.

Elizabeth Johnson – Tenet Healthcare – VP Applied Clinical Informatics

Then we can still get out by May 13th.

Judy Sparrow – Office of the National Coordinator – Executive Director

Right. Thank you.

Judy Sparrow – Office of the National Coordinator – Executive Director

All right, guys. Thanks for all your work.